### Enrolment Form 2025/2026

##### Scoil Bhaile an Londraigh

|  |  |  |  |
| --- | --- | --- | --- |
| Name of child: | | Date of birth:  Nationality:  Please enclose original birth/adoption cert.(this will be returned).  Pleasetick{ } | |
| Address: | | E-mail address:  Eircode:  Home phone no.  Mobile:  P.P.S. no. | |
|  | |
|  | |
| Religion: | | Parish if Catholic: | |
| Place of baptism if Catholic: | | Date of baptism: | |
| Father’s/ Guardian name:  Legal Guardian: Yes [ ] No[ ]  Address if different from above: | | Mother’s /Guardian name:  Mother’s /Guardian’s maiden name:  Legal Guardian: Yes [ ] No[ ]  Address if different from above: | |
|  | |  | |
|  | |  | |
| Father’s/Guardian’s occupation: | | Mother’s/ Guardian’s occupation: | |
| Place of employment | | Place of employment: | |
| Work Telephone No: | | Work telephone no: | |
| Mobile No. | | Mobile No: | |
| Number of children in family: | |  | |
| Position in the family: (1st, 2nd, 3rd ) | | | |
| Playschool (if any): | | | |
| Previous school/class ): (if transferring) | | | |
| Intended school class: | | | |
| Language spoken at home: | | | |
| Name of doctor: | | Tel. No: | |
|  | | | |
| Give details of any health conditions (e.g. asthma, eyesight, hearing, allergies, or take medication etc) or educational problems which may affect your child at school: | | | |
| Any specific needs or educational needs your child may have: | | | |
| Emergency contacts who have permission to collect your child from school other than above:(Family member, Child Minder, Relations, Friend , Neighbour) | | | |
| Name: | Name: | | Name: |
| Address: | Address: | | Address: |
| Phone: | Phone: | | Phone: |

|  |
| --- |
| Yes No [ ] [ ] I have read & accept the school’s code of behaviour.    [ ] [ ] I agree that my child can be photographed for display purposes within the school,  Church, Community Centre, Newsletter, the newspaper or school website.  [ ] [ ] I have signed & returned the Internet Acceptance form.  [ ] [ ] I agree that RSE (Relationships & Sexuality Education) will be taught to my child  while he/she is a pupil in Ballylanders N.S. as part of the SPHE (Social, Personal,  and Health Education ) curriculum which all primary schools are required to  implement.  [ ] [ ] I agree that my child will be taught the Stay Safe programme while he/she is a  pupil in Ballylanders N.S. as part of the SPHE (Social, Personal,  and Health Education ) curriculum which all primary schools are required to  implement. |

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

#### School Accident/Emergency Closures

In the event of an emergency occurring while the school is in operation, it may become necessary to close the school. In such an emergency, or a child not being collected at the close of school, it is necessary to ensure the safe return home of pupils. In order to help the school plan for such an event, please indicate your preference:

In the event of an emergency occurring which makes it necessary to close the school:

1. I agree that my child return home independently

**or**

1. I request the school to contact:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

###### School Accident

In the event of an accident occurring during school hours, which would necessitate immediate medical attention, please indicate your preference:

A. I agree that my child be brought directly to Doctor/Casualty &Parent/Guardian contacted.

Yes No

or

B. I request the school to contact :

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

**Assessment:**

In line with Department of Education Guidelines on assessment of literacy and numeracy your child during his/her time in our school will undergo screening / standardised tests. This is to inform teaching thus improving literacy and numeracy.

#### I consent for the sensitive data above to be stored on the Primary Online Data (POD) and transferred to Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian

**Internet Permission Form**

Name of Pupil(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the parent or legal guardian of the above child, I have read the Internet Acceptable

Use Policy and grant permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name(s): son/daughter) to access the Internet. I understand that school internet usage is for educational purposes only and that every reasonable precaution will be taken by the school to provide for online safety.

I accept my own responsibility for the education of my child(ren) on issues of Internet Responsibility and Safety.

I understand that having adhered to all the enclosed precautions the school cannot be held responsible if my child tries to access unsuitable material.

**Signature**: 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Legal Guardians

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Website**

I understand that, if the school considers it appropriate, my child’s schoolwork may be chosen for inclusion on the school’s website. I understand and accept the terms of the Acceptable Usage Policy in relation to publishing pupils’ work and photographs of school activities on the website.

**Signature**: 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Legal Guardians

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ballylanders N.S. Ballylanders, Co. Limerick**

**E-mail:ballylandersns@live.ie**

**Telephone 062-46889 / Mobile: 087-3169717**

**Roll No. 14305B**

## Enrolment Application Form

**Ballylanders N.S. Enrolment Year 2025/2026**

Pupil’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (at which the applicant resides):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and class of Sibling(s) currently enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parish in which the applicant resides \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Parent(s)/Guardian(s) Details:***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Parent [ ] Custodian [ ] Legal Guardian

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Parent [ ] Custodian [ ] Legal Guardian

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed enrolment applications must be returned to Ballylanders N.S. no later than 2pm on March 7th.